



Licensing Standards and Review Unit

Standards for the Arrangements for Management,
Staffing and Equipment

Disability Services Commission Funded, Transitional Care Program and Care Awaiting Placement Nursing Homes



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Application - Nursing Homes

Hospital and Health Services Act 1927

Privately operated nursing homes are regulated under the provisions of the *Hospitals and Health Services Act, 1927* (Hospitals Act). The Hospitals Act provides for the granting of licences to nursing homes by the Director General of Health when minimum licensing standards have been met. These standards pertain to the suitability of the licence applicant, the nursing home premises, and the arrangements for management, staffing and equipment.

Licences are reviewed every year for renewal. An annual licensing inspection of all private licensed facilities forms part of this process. This inspection requires the assessment of a nursing home against the “Licensing Standards for the Arrangements for Management, Staffing and Equipment”.

Disability Services Commission Funded Nursing Homes

Disability Services Act 1993 (WA)

Nursing homes funded by the Disability Services Commission (DSC) provide considerable nursing and medical care to their residents. They meet the definition of a nursing home under the Hospitals Act and thus are required to be licensed.

The *Disability Services Act 1993* (WA) and the Commonwealth/State Disability Agreement require disability services, including services provided by nursing homes, to comply with the National Disability Services Standards (NDSS). However the NDSS are not sufficiently comprehensive enough to fully substitute for the standards that nursing homes require to meet for licensing purposes under the Hospitals Act.

Monitoring Framework for DSC nursing homes

A collaborative arrangement was established between DSC and the Western Australian Department of Health (DoH) in 2000/1. This determined that the Director General would monitor only five licensing standards regarding arrangements for management, staffing and equipment in DSC nursing homes. The other licensing requirements would be met by DSC monitoring activity, consisting of annual self-assessments and 3-yearly monitoring visits.

The intent of the above arrangement was to reduce duplication in regulatory activity. However because of problems created by differences between the DSC and DoH licensing cycles, it was eventually decided that the DoH should assess DSC nursing homes against a full set of DoH licensing standards for the purpose of annual renewal of licence. Compliance with all DoH licensing standards guarantees that statutory licensing requirements are met.



Transitional Care Program and Care Awaiting Placement Nursing Homes

On 4 October 2006, the *Hospital and Health Services Amendment Act, 2006* became operational. The Act exempts private nursing homes from the requirement to be licensed under the Hospitals Act if they are already certified as a residential aged care service under Part 2.6 of the *Aged Care Act 1997* (Cwth.).

Private nursing homes that are not certified as residential aged care services under Part 2.6 of the Commonwealth *Aged Care Act 1997* will continue to be licensed under the Hospitals Act.

The following are the minimum standards for monitoring the Licensing Standards for the Arrangements for Management, Staffing and Equipment in DSC funded and Transitional Care and Care Awaiting Placement Nursing Homes.

Definition - Nursing Homes - The *Hospitals and Health Service Act, 1927*, Part 1 section 2, states:

“nursing home” means premises in which persons who do not require constant medical attention are received as patients and lodged for the purpose of medical supervision and nursing care but does not include any premises declared by the Minister under section 3 not to be a nursing home for the purposes of this Act;



Glossary of terms

“Compliance” - to act or provide in accordance with the requirements or recommendation of these standards or referenced standards, guidelines or regulations.

“Critical systems” - any emergency system, equipment, electrical service, instrument, device or thing that is required to protect the safety of a person undergoing medical supervision.

“Direct nursing care” - hours of hands-on clinical nursing care by registered nurses, nurse practitioners, midwives and enrolled nurses, allocated to provide care to designated patients. Nursing positions, such as nursing management, clinical nurse managers, unit managers and other care attendants who are not providing ‘hands-on’ nursing care, are not included.

“Facility” - the physical aspects of the development, e.g. the buildings.

“Guidelines” - a set of requirements and recommendations, which describes a minimum level of facility provision.

“Minimum” - the least level of provision which is considered safe for a given function. Anything below is considered unsatisfactory.

“Reference” - reference use at time of publication. All references must be checked for currency.



Standard One: Governance

Standard Nursing Home licence holders ensure their facilities comply with all relevant State and Commonwealth legislative and administrative requirements.

Minimum Criteria

- 1.1 The function of the facility has been defined in a statement that is accessible to all staff, residents and visitors.
- 1.2 Lines of communication, authority and responsibility are set out in an organisational chart.
- 1.3 There is a designated senior registered nurse position responsible for standards of nursing practice in the facility.
- 1.4 Only registered, comprehensive and enrolled nurses and nurse practitioners provide direct nursing care. Personal care assistants who have completed a training course, provide care and assistance to residents.
- 1.5 Processes are in place to ensure that all professionals provide evidence of current registration with their relevant authority.
- 1.6 Written and dated job descriptions are available and provided to staff. Lines of communication, authority and responsibility are set out in the job description.
- 1.7 Policies and procedures are developed, reviewed and updated as required (at least every four years) and made readily available to staff. Policies and procedures are required on the following functions, as a minimum -
 - resident care
 - emergency procedure
 - admission and discharge criteria
 - medical records
 - occupational health and safety
 - infection control
 - sterilisation process
 - catering services
 - laundry services
 - quality management
 - staff development and education



- preventative maintenance
 - administration
 - employment, including compliance with Working with Children Legislation.
- 1.8 A register of residents is maintained. Details may be located in more than one place, e.g. hard copy/resident records and computer record.
- 1.9 Occupational safety and health programs and practices comply with the current legislative requirements.
- 1.10 There are documented and auditable systems of continuous improvement in place.
- 1.11 There is a complaint and grievance management process in place and accessible for all residents, staff and visitors.
- 1.12 There is evidence that Adverse Events are monitored and a reporting mechanism is utilised.
- 1.13 There is ongoing education and training for staff, which includes first aid and medical emergency training, which are service specific and meet staff/resident needs.
- 1.14 A clear statement of resident's rights and responsibilities has been developed, displayed in a public place and communicated individually to each resident.
- 1.15 The current licence certificate is displayed in a public place.



Standard Two: Staffing

Standard Nursing Homes will operate with staffing levels and a skill mix that ensures residents' safety and contributes positively to residents' quality of life.

Minimum Criteria

- 2.1 Staffing arrangements are consistent with conditions outlined in the licence:
- The number and the categories of nursing and other staff.
 - The kinds of nursing and other care provided or available at the facility.
 - The periods and times at which they are provided or available.
- 2.2 A Director of Nursing, however titled, or in their absence a Registered General Nurse/ Comprehensive Nurse, whose name is entered in Division 1 of the register according to Section 34 of the *Nurses Act 1992*, will be available at all times to supervise the nursing care of the residents.



Standard Three: Information Management

Standard Registers of information are accurately maintained according to standards for privacy and confidentiality and meet legislative requirements.

Minimum Criteria

- 3.1 An accurate medical record is maintained for each resident, sufficiently detailed to allow another medical practitioner or other health professional to assume care of the resident and to facilitate effective continuity and standards of care.
- 3.2 All entries into the medical records pertaining to care of residents should include date, time, name, designation and signature of the person making the entry.
- 3.3 Medical record keeping complies with the facility's medical record policy.
- 3.4 Medical records in use are securely stored so as to ensure residents confidentiality and to protect against unauthorised persons gaining access to those records.
- 3.5 Medical records in secondary and tertiary storage are securely stored to prevent unauthorised access and to provide protection from fire, vermin and dust.
- 3.6 Residents' information must not be released to others without the residents' or their official guardians' written permission, unless authorised by legislation. The residents' or guardians' consent must be documented on a standard "Release of Information" form.
- 3.7 Medical records must be disposed of in a manner, which ensures that the confidentiality of the information contained on the record is maintained.



Standard Four: Facility function and use of space

Standard The Nursing Home is functional and safe, meeting the needs of residents as well as community standards.

Minimum Criteria

- 4.1 There is adequate space for the set-down and pick-up of residents in close proximity to the main entrance.
- 4.2 Communal areas of the facility have adequate heating and cooling systems, which are maintained in accordance with safety and hazard requirements.
- 4.3 There is sufficient and appropriate secure storage space for residents in the facility. Residents can have access to storage space that can be locked, if requested.
- 4.4 The facility has adequate lighting for the residents' needs and safety.
- 4.5 Each resident can have access to individual bedside lighting if required.
- 4.6 Each resident has a wardrobe or cupboard space that is suitably located, and which is easily accessible.
- 4.7 Where animals are kept at a nursing home, they are managed appropriately, and do not constitute a nuisance towards residents or pose a health risk. There is a written operational policy for the management of animals.
- 4.8 There are sufficient bathrooms and toilets to meet residents' needs.
- 4.9 Passageways, stairways and communal areas are kept free of clutter.
- 4.10 There is provision for the storage of chemicals and other hazardous materials in a safe and secure manner.



Standard Five: Equipment and Infrastructure

Standard The Nursing Home provides and maintains the appropriate equipment and infrastructure to ensure the safety and comfort for residents and staff.

Minimum Criteria

- 5.1 Equipment is available to support safe practice i.e.
 - Appropriate for the type of facility.
 - Adequate in volume for the number of patients.
 - Specialist equipment is available if required.
- 5.2 Equipment is clean and maintained in a safe working condition.
- 5.3 Equipment is located and stored in a way that facilitates its effective use.
- 5.4 Staff are trained in the use of the equipment.
- 5.5 Policies and procedures for dealing with medical emergencies must be in place.
- 5.6 Portable oxygen and suction cylinders are available. The equipment must be adequately stored and restrained.



Standard Six: Medications

Standard Resident medication is managed in accordance with the relevant legislation.

Minimum Criteria

- 6.1 Medications are prescribed by medical officers and nurse practitioners and signed by clinical staff when the medications are administered.
- 6.2 Verbal medication orders, if required, are documented and signed by the authorising medical practitioner within 24 hours or in accordance with facility policies.
- 6.3 Standing orders are doctor specific, provide clear instructions and are signed and reviewed annually. Processes are documented in the relevant policy.
- 6.4 Medication storage is in compliance with the requirements of legislation and manufacturers recommendations. i.e. S8 drugs in a locked medicine cupboard, and the drug refrigerator is locked or in a secure environment.
- 6.5 There is evidence that all drug fridges and freezers are operating at temperatures in accordance with manufacturers' instructions.
- 6.6 Schedule 8 drugs and registers are checked to ensure compliance with Poisons Regulations.
- 6.7 Medication acquisition and administration is in compliance with the requirements of legislation and the facility's policies.
- 6.8 There is a process for reporting and reviewing drug errors.



Standard Seven: Infection Control

Standard Infection control practice meets contemporary standards and guidelines

Minimum Criteria

- 7.1 An infection control program, which complies with national and state regulations, is established and maintained. The scope and focus of the program addresses risk factors specific to the resident population, nature of the facility and available resources.
- 7.2 There is a qualified person who has completed a nationally accredited infection control program, delegated to coordinate the infection control program.
- 7.3 There is a committee that has infection control as part of its terms of reference and which monitors outcomes of the infection control program.
- 7.4 The infection control program identifies and documents infection control related policies and procedures at the facility. These include but are not be limited to:
 - standard and additional precautions
 - hygiene standards
 - procedural standards
 - physical environment
 - sterility of instruments and equipment
 - processing of re-useable instruments and equipment
 - protection for health care workers
 - quality management
 - surveillance
 - product review.



Standard Eight: Food Safety

Standard Residents are provided with a nutritious diet that meets their individual needs whilst meeting Food Standards Code.

Minimum Criteria

- 8.1 Food services, either contracted or on site, conform to food safety legislation
- 8.2 There is a designated person responsible for monitoring and ensuring compliance for all food processes.
- 8.3 There is evidence that all staff involved in food handling and storage receive industry standard training.
- 8.4 Dedicated hand washing facilities are in close proximity to food handling areas.
- 8.5 All cleaning schedules are displayed and records of cleaning kept.
- 8.6 Designated facilities for the storage of food and other consumables are available. Surfaces, including shelving, and equipment are of an impervious material. Food products and appliances are stored or positioned off the floor.
- 8.7 Food is stored in refrigerators in a manner to prevent contamination including the separation of raw and cooked foods.
- 8.8 There is evidence that all fridges and freezers storing food products are operating at recommended temperature range between 5°C and minus 15°C. The fridges are monitored for temperature control on a daily basis. There are policies outlining actions required when temperature falls outside the recommended temperature range.



Standard Nine: Laundry

Standard **The provision of laundry services is in accordance with relevant regulations**

Minimum Criteria

- 9.1 Laundry services, either onsite or contracted, conform with the relevant sections of the current Australian Standard - AS 4146 Laundry Practice (as amended from time to time).
- 9.2 A sufficient supply of linen is available to meet the function and throughput of the facility.
- 9.3 There is provision for separate clean and dirty areas. The storage and handling of clean and dirty linen meets the relevant sections of the Australian Standard 4146 (as amended from time to time).
- 9.4 There is a documented cleaning program for the laundry.
- 9.5 There are specific processes in place for the treatment of linen that has been soiled by bodily fluids, including urine, blood and faecal matter.
- 9.6 The licence holder ensures that laundry policies and procedures are documented and available to relevant staff.
- 9.7 There is a process for the cleaning, exhausting and collection of lint within laundry areas.



Standard Ten: Fire and Security

Standard The risk of fire is reduced and resident/staff/visitor safety is maximised in the event of a fire

Minimum Criteria

- 10.1 Written procedures exist for staff responses in the event of emergencies, such as fire, evacuation of the building, cardiac/respiratory arrest, hold-up, etc.
- 10.2 Fire orders and a simple evacuation plan are displayed for staff and visitors.
- 10.3 Fire drills, equipment training and evacuation procedures are carried out annually for all staff. Records of training dates and attendance are kept.
- 10.4 Fire hydrants and fire exit doors are clearly marked. All fire exits are accessible and allow easy egress.
- 10.5 A generator or battery backup operates fire exit markers in the event of power failure.
- 10.6 Fire equipment is ready for immediate use and tested 6 monthly (extinguishers and hose reels).
- 10.7 Flammable rubbish is managed in a way that does not pose a fire risk.
- 10.8 There is a policy on smoking and designated smoking areas.
- 10.9 The smoke alarm detection system is tested in accordance with Fire and Emergency Service Authority requirements, and records are maintained. Automatic Fire Detection and Alarm Systems, i.e. Fire Panels, are tested by external contractors in accordance with the Australian Standard AS 1851.8 (as amended from time to time). Records of testing are kept in the fire indicator panel or in a service manual.
- 10.10 Security measures are in place to ensure all reasonable steps are taken to ensure that unauthorised persons do not access the facility or interfere with the operation of the facility to the detriment of residents, visitors and staff.



Standard Eleven: Facility Maintenance

Standard The nursing home facility, plant and equipment are maintained and maintenance activities are documented.

Minimum Criteria

- 11.1 Performance monitoring - Performance monitoring demonstrates appropriateness and effectiveness of systems. Such monitoring includes:
- All critical systems are properly maintained and operational back-up contingencies are available for immediate implementation in the event of primary equipment failure.
 - Records are maintained for each critical system. All maintenance, operation checks and emergency uses of the equipment must be recorded. Records must be kept at the facility and be available for inspection.
 - Testing is carried out, as required, in accordance with manufacturers' recommendations, for electrical, biomedical, gas, and equipment tests, and maintenance schedules are implemented, including calibration. Documentation is available for verification.
- 11.2 Facility - There is a maintenance program of the physical facility and furniture. This program is maintained and servicing records are available. Such maintenance must include, where relevant:
- cleaning
 - servicing
 - repair/breakdown arrangements
 - refurbishment
 - replacement
 - vermin and insect control.
- 11.3 Plant - A written maintenance program ensures that routine and preventative maintenance is carried out. This program is maintained and servicing records are available. Such maintenance must include, where relevant:
- plant, (e.g. air conditioning system filters, legionella control)
 - fuses, circuit breakers, earth leakage and other electrical protection systems.



- 11.4 All chemicals and gases are appropriately stored.
- 11.5 Waste management processes comply with regulations:
- for contaminated medical waste
 - for ordinary waste
 - sharp object disposal.
- 11.6 Detergents and chemicals are purchased in ready-to-use containers. All containers are correctly labelled.
- 11.7 The environment within the organisation is clean and safe for residents, visitors and staff at all times. All cleaning schedules are displayed and cleaning records kept.



Bibliography

Australian Standard AS 1851.8 (as amended from time to time) - related to Fire

AS/NZS 4146: 2000 Laundry Practice

Australian Standard 3666.

Building Code of Australia and associated Australian Standards

Food Standards Australia New Zealand Act 1991

Health (Food Hygiene) Regulations 1993.

Health Department of WA Guidelines for Infection Control in Non-Teaching Health Care Establishments 1998, as updated from time to time.

Hospitals and Health Services Act 1927 and associated Regulations.

Infection control guidelines for the prevention of transmission of infectious diseases in the health care setting - January 2004.

Nursing Home Design Guidelines 1999.

Nurses and Midwives Act 2007

Occupational Safety and Health Act 1984 and associated Regulations.

OP12477/99; "Performance Testing and Maintenance of Defibrillators in all Public Hospitals" (as amended from time to time).

Paper-based health care records AS 2828-1999.

Poisons Act 1964 and *Poisons Regulations 1965*

Privacy Amendment (Private Sector) Act 2000 (Cwth)



Notes



Notes



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